

4/10/2011

To whom it may concern,

Below are a list of recommendations for practitioners with pre 2008 qualifications.

I would like to note that it is incredibly disturbing that the very practitioners who have supported and fought for the national registration of Chinese medicine in Australia will be the very people who are likely to be most disadvantaged in this registration process.

I specifically chose the Diploma of TCM at the Sydney Institute of TCM based on the recommendation in 1995 by AACMA that this was the best course at the time for studying Acupuncture and Chinese Herbal Medicine together as there was no other course at the time in Sydney that offered both.

Australian-trained practitioners applying for registration under the national scheme should not be put to a higher grandparenting standard than applied under the Victorian scheme;

- All government/university-accredited qualifications at least three years full-time equivalent duration should be included on the list of courses deemed adequate for grandparenting, and that this include the past advanced diploma and diploma level programs;
- Unaccredited programs that were recognised by AACMA as meeting the requirements for practice at that time should also be included on the list of courses deemed adequate for grandparenting, and that this include the past practitioner diploma and unaccredited bachelor programs;
- The list submitted by the AACMA of Australian Chinese medicine programs deemed adequate for grandparenting purposes should be included on the CMBA list of courses deemed adequate for grandparenting purposes.

I would also like to discuss the proposal for Chinese herbalists to practice their medicine.

Apparently the use of patent pill medicines and other prepared medicines are not acceptable for prescription only raw herbs. The cost of having a raw herb dispensary is prohibitive for most practitioners as is the time involved in making up the formulas. Aside from those 2 very important points to get a lot of patients to be compliant with their medication it is necessary to provide it in a palatable form i.e. pills or capsules.

In my practice I prescribe powders some of which I formulate myself, and some ready made formulas, plus pills and capsules. Currently I have several clients who refuse to take the powdered formulas as they say it makes them sick so I have had to change it to pills or capsules. This is an ongoing problem for practitioners and to prevent us from using these other options would prevent us from treating our clients effectively.

All western medications are ready made formulations and the only thing that changes is the dosage so if this is acceptable in normal practice then to not allow us the same options would be blatantly discriminatory.

I hope the board makes relevant and informed decisions regarding these issues or it puts the oldest medicine in the world in danger of becoming irrelevant.

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Warm Regards

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